

Commonwealth of Virginia
 Department of Professional and Occupational Regulation
 9960 Mayland Drive, Suite 400
 Richmond, VA 23233
 (804) 367-8506 or 367-8512
www.dpor.virginia.gov



**Board for Architects, Professional Engineers, Land Surveyors,
 Certified Interior Designers and Landscape Architects
 INTERIOR DESIGNER CERTIFICATE REINSTATEMENT APPLICATION
 Fee \$145.00**

A check or money order payable to the **TREASURER OF VIRGINIA**, or a completed credit card insert available at <http://www.dpor.virginia.gov/dporweb/forms/fin/creditcard.pdf> must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE.

All applicants are required to read and understand the *Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects Regulations* available at www.dpor.virginia.gov prior to applying for certification.

1. What was your previous Virginia Interior Designer Certificate Number?

Virginia Interior Designer Certificate Number 0412 Expiration Date _____

➔ If your certificate expired 5 or more years ago, you are required to re-apply for Certification on the *Interior Designer Certificate Application*.

2. Name

_____ Last _____ First _____ Middle _____ Generation _____

3. Social Security Number or Virginia DMV Control Number * - -

4. Date of Birth _____

5. Street Address (PO Box not accepted) _____

City _____ State _____ Zip Code _____

➔ If you are using your business address, please include business name, full street address and any floor or suite numbers.

6. E-mail Address _____

7. Contact Numbers Primary Telephone _____ Ext _____
 Alternate Telephone _____ Ext _____
 Facsimile _____

8. Have you ever been subject to a disciplinary action imposed by any (including Virginia) local, state or national regulatory body?

No ☐

Yes ☐

If yes, list the name of the jurisdiction in which the disciplinary action took place and the license, certificate or registration number. Provide an explanation of the events, including a description of the disciplinary proceeding and the type of sanctions that were imposed (i.e., suspension, revocation, voluntary surrender of license, monetary penalty, fine, reprimand, etc.). Attach copies of any correspondence or documentation (including a copy of the final order, decree or case decision) related to this matter. If additional space is needed, attach a separate sheet of paper.

FOR OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	APPLICATION #	FILE# / LICENSE #	ISSUE DATE
		\$145.00	4020			0412	

9. Have you ever been convicted in any jurisdiction of **any felony or misdemeanor**? *Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*

No ☐

Yes ☐

If yes, list the misdemeanor and/or felony conviction(s). Attach your original criminal history record; a certified copy of the final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision; and any other information you wish to have considered with this application (e.g., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation). If additional space is needed, attach a separate sheet of paper.

Certified copies of court records may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department.

Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Richmond, VA 23261-7472.

10. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the board's decision to approve this application. I certify that I will notify the Department if I am subject to a disciplinary action or convicted of a felony or misdemeanor (in any jurisdiction) prior to receiving my Interior Designer certificate. I certify that I understand and have complied with all the laws of Virginia related to interior designers under the provisions of Title 54.1, Chapter 4 of the *Code of Virginia* and the *Virginia Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects Regulations*.

Signature _____ Date _____

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

INTERIOR DESIGNER REVIEW SUMMARY SHEET

Applicant's Name	Social Security No.
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BOARD REVIEW – For Office Use Only		
Review Date	Board Member Initials	Comments

APPROVED
Initial Certification
Comity with
Reinstatement

Board Member Initials & Date					